

10/565039**Application Data Sheet**

ARZONEC'D PCT/PTO 18 JAN 2006

Application Information

Application number::

Filing Date::

Application Type:: *Regular*Subject Matter:: *Utility*

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: *None*

Number of CD disks::

Number of copies of CDs::

Sequence submission?:: *None*Computer Readable Form
(CRF)?:: *No*

Number of copies of CRF::

Title ::
COMPOSITION CONTAINING
GROUND LOTUS AND/OR LOTUS
EXTRACT AND LACTIC ACID
BACTERIUM
943.1026

Attorney Docket Number::

Request for Early Publication?:: *No*Request for Non-Publication?:: *No*

Suggested Drawing Figure::

Total Drawing Sheets:: *1*Small Entity?:: *No*

Latin name::

Variety denomination name::

Petition included?:: *No*

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: *No*

Applicant Information

Applicant Authority Type:: *Inventor*
Primary Citizenship
Country:: *Japan*
Status:: *Full Capacity*

Given Name:: *Kiyoshi*
Middle Name::
Family Name:: *Goto*
Name Suffix::
City of Residence:: *Saitama-shi*

State or Province of
Residence::
Country of Residence:: *Japan*
Street of mailing address:: *c/o Toyo R & D Inc.*
341, Kofukasaku
City of mailing address:: *Saitama-shi*
State or Province of
mailing address:: *Saitama*
Country of mailing
address:: *Japan*
Postal or Zip Code of
mailing address:: *337-0005*

NOTE: Repeat this information for each inventor or other applicant. Non-Inventor applicant information such as legal representative of a deceased inventor should follow the inventor(s) for whom the applicant is acting.

Applicant Information

Applicant Authority Type:: *Inventor*
Primary Citizenship *US*
Country::
Status:: *Full Capacity*

Given Name:: *Haruhisa*
Middle Name::
Family Name:: *Wago*
Name Suffix::
City of Residence:: *Sayama-shi*
State or Province of
Residence::
Country of Residence:: *Japan*
Street of mailing address:: *c/o Japan Allergy Applied Institute*
Co., Ltd.
1363, Kitairiso
City of mailing address:: *Sayama-shi*
State or Province of *Saitama*
mailing address::
Country of mailing *Japan*
address::
Postal or Zip Code of *350-1315*
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Correspondence Information

Correspondence Customer Number :: 21831

Name::

Street of mailing address::

City of mailing address::

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Country of mailing address::

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Fax Number: (212) 382-2124

E-Mail address:: *pto@steinberggraskin.com*

Representative Information

Representative Customer Number::	21831	
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Domestic Priority Information

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
<i>This Application</i>	<i>National Stage of</i>	<i>PCT/JP03/09207</i>	<i>07/18/03</i>

Assignee Information

Assignee name:: Toyo R & D Inc.
Street of mailing address:: 341, Kofukasaku
City of mailing address:: *Saitama-shi*
State or Province of mailing address:: *Saitama*
Country of mailing address:: *Japan*
Postal or Zip Code of mailing address:: 337-0005

Assignee Information

Assignee name::	Japan Allergy Applied Institute Co., Ltd.
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